PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket Number P06668US0-169F **DECLARATION FOR UTILITY OR** First Named Inventor Steven P. Hergott **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration Declaration Submitted OR Submitted after Initial Art Unit With Initial Filing (surcharge Filing (37 CFR 1.16 (e)) Examiner Name required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD AND MEANS FOR STUFFING NATURAL CASINGS WITH SAUSAGE EMULSION (Title of the Invention) the specification of which 1 is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International and was amended on (MM/DD/YYYY) Application Number (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application** Foreign Filing Date **Priority** Certified Copy Attached? Country (MM/DD/YYYY) Number(s) **Not Claimed** Yes

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. [Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (06-03)

Approved for use through 07/31/2003, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or D sign Pat nt Application

Direct all correspondence to:	Custome	r Number:	3	4082		OR		Corres	ponden	ce addr	ess below
Name											
Address											
Address											
City				State					ZIP		
Ī			1						ł		
			لــــــــــــــــــــــــــــــــــــــ								
Country		Telephone				Fax					
	•	•				1					
I haraby declars that all statem	Lanta mada har	in of my o	un knou	ladas	ore t	110 000 1	hot all	latatam	anta ma	do on i	nformation
I hereby declare that all statem and belief are believed to be											
statements and the like so made											
false statements may jeopardiz								0.0.0.	.001 01	id that t	Jaon Willia
				,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
NAME OF SOLE OR FIRST IN	VENTOR:	1		etition	has t	een filed	l for th	ie unein	ned inve	entor	
Given Name			<u> </u>	Stidon	1103	Family 1		is unsig	HEO HIVE	311(01	
(first and saliding (if and it)	teven P.				- 1	or Surna		Home			
(mer and made (many)) S	teven F.				j	0. 00		Herg	gott		
Inventor's	<u> </u>								Date		
Signature A	04.	4							1	2.0	
Signature	Myo	<i>7</i> /} `							Mus	18	2003
Residence: City	State //			Cour	ntry			Citize	nship		
Ankeny	lowa			US				us			
Mailing Address								<u> </u>			
1917 NE Trilein Drive											
City	State				ZIP				Countr	 _	
City								1		у	
Ankeny	lowa				5002	21			us		
	_			1				٠			
NAME OF SECOND INVENTO	R:			<u> </u>	A	petition h	ias be	en filed	for this i	ınsıgne	d inventor
Given Name						amily N		77 -			
(first and middle [if any]) D	avid S.				- 19	or Sumai	me	Han	nblin		
Inventor's	<u> </u>								Date		
Inventor's Signature	S Ham	blu.							Aug	<u>75</u>	2003
Residence: City	State		1	Cour	ntry			Citize	nship		
Norwalk	lowa		- 1	US				UK			
Mailing Address								<u> </u>			
5213 Clearwater Drive	-										
City	State				ZIP			Coun	trv		
				- {				}	,		
Norwalk	Iowa			j	50211	-1776		US			
								ــــــــــــــــــــــــــــــــــــــ			
Additional inventors or a legal re	presentative are bein	ng named on th	ne_1s	uppleme	ental si	neet(s) PTC)/SB/02/	A or 02LR	attached l	nereto.	

PTO/SB/02A (08-03)

Approved for use through 08/31/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. ADDITIONAL INVENTOR(S) DECLARATION Supplemental Sheet A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Given Name (first and middle (if any) Family Name or Surname Michael J. Hardy Date 9-2-03 Inventor's Signature lowa US West Des Moines State Country Citizenship Residence: City 2100 Grand Avenue, #15 Mailing Address Mailing Address 50265 บร **Nest Des Moines** lowa City State Zip Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any) Family Name or Surname Date Inventor's Signature State Residence: City Country Citizenship Mailing Address Mailing Address

Mailing Address Mailing Address State Zip This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to

State

Date

State

City

inventor's Signature

Residence: City

Name of Additional Joint Inventor, if any:

Given Name (first and middle (if any)

Zip

Country

A petition has been filed for this unsigned inventor

Family Name or Sumame

Country

Citizenship

complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Please type a plus sign (+) inside this box Under the Paperwork Reduction Act of 1995, no persons are required to rec	U.S. Patent and Trademark	PTO/SB/81 (02-01) for use through 10/31/2002. OMB 0651-0035 toffice; U.S. DEPARTMENT OF COMMERCE n unless it display a valid OMB control number.	
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number Filing Date First Named Inventor	Steven P. Hergott MEANS FOR STUFFING NATUR WITH SAUSAGE EMUL P06668USO-169F	
I hereby appoint: X Practitioners at Customer Number OR Practitioner(s) named below: Name	Red	34082 PATENT TRADEMARK OFFICE gistration Number	
as my/our attorney(s) or agent(s) to prosecute the business in the United States Patent and Tradema Please change the correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number OR	ark Office connected the	rewith.	
Firm or individual Name			
Address Address			
City	State	Zip	
Country Telephone	Fax		
I am the: Applicant/Inventor. Assignee of record of the entire interest. Se Statement under 37 CFR 3.73(b) is enclosed.	ee 37 CFR 3.71.		
	ant or Assignee of Recor	d	
Name Steven P. Hergott			
Signature Sturn & Hunds			
Date Amount 28 2003			ĺ
NOTE: Signatures of all the inventors or assignees of record of the forms if more than one signature is required, see below.	entire interest or their repres	entative(s) are required. Submit multiple	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

forms are submitted.

Please type a plus sign (+) Insid this box Under the Peperwork Reduction Act of 1995, no persons are required to res	PTO/SB/81 (02-01) Approved for use through 10/31/2002. OMB 0651-0035 U.S. Petani and Trademark Office; U.S. DEPARTMENT OF COMMERCE spond to a collection of information unless it display a valid OMB control number.
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number Filing Date First Named inventor Steven P. Hergott Title METHOD AND MEANS FOR STUFFING NATURAL CASING: Group Art Unit WITH SAUSAGE EMULSION Examiner Name Attorney Docket Number P06668US0-169F
I hereby appoint: Practitioners at Customer Number OR Practitioner(s) named below: Name	34082 PATENT TRADEMARK OFFICE Registration Number
as my/our attorney(s) or agent(s) to prosecute the business in the United States Patent and Tradema Please change the correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number OR	application identified above, and to transact all ark Office connected therewith.
Firm or Individual Name Address Address	
City Country Telephone	State Zip Fax
I am the: Applicant/Inventor. Assignee of record of the entire interest. Se Statement under 37 CFR 3.73(b) is enclosed.	
	ant or Assignee of Record
Name David S. Hamblin Signature Date Au 25 1003 NOTE: Signatures of all the inventors or assignees of record of the forms if more than one signature is required, see below.	e entire interest or their representative(s) are required. Submit multiple

Burden Hour Statement: This form to estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Petent end Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistent Commissioner for Patents, Washington, DC 20231.

_forms are submitted.

☐ *Total of

Under the Peperwork Reduction Act of 1995, no persons are required to re	Application Number		
	Filing Date		
	First Named Inventor	Steven P. Hergo	ott
POWER OF ATTORNEY OR	Title METHOD AND		ING NATURAL CASING
AUTHORIZATION OF AGENT	Group Art Unit		SAGE EMULSION
	Examiner Name		
	Attorney Docket Number	P06668US0-169F	
			·
I hereby appoint:			
Y Practitioners at Customer Number		24092	ilitali .
OR		34082	ACTION .
Practitioner(s) named below:	D-		IFFICE.
Name	Re	gistration Number	
			-] .
			
as my/our attorney(s) or agent(s) to prosecute the			
business in the United States Patent and Tradem	nark Office connected the	rewith.	1
business in the United States Patent and Tradem Please change the correspondence address for the	nark Office connected the	rewith.	1
Please change the correspondence address for the The above-mentioned Customer Number.	nark Office connected the	rewith. cation to:	
Please change the correspondence address for the The above-mentioned Customer Number.	nark Office connected the	rewith. cation to: Place Customer Number Bar Code	
Please change the correspondence address for the The above-mentioned Customer Number.	nark Office connected the	rewith. cation to: Place Customer	
Please change the correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number	nark Office connected the	rewith. cation to: Place Customer Number Bar Code	
Please change the correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number OR	nark Office connected the	rewith. cation to: Place Customer Number Bar Code	
Please change the correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or	nark Office connected the	rewith. cation to: Place Customer Number Bar Code	
Please change the correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number OR Individual Name Address Address	nark Office connected the	Place Customer Number Bar Code Label here	
business in the United States Patent and Tradem Please change the correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number OR Prim or Individual Name Address Address City	nark Office connected the	rewith. cation to: Place Customer Number Bar Code	
Please change the correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number OR Prim or Individual Name Address Address City Country	nark Office connected the he above-identified applications applied the state of the	Place Customer Number Bar Code Label here	
Please change the correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number OR Prim or Individual Name Address Address City	nark Office connected the	Place Customer Number Bar Code Label here	
business in the United States Patent and Tradem Please change the correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Telephone I am the:	nark Office connected the he above-identified applications applied the state of the	Place Customer Number Bar Code Label here	
business in the United States Patent and Tradem Please change the correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Telephone	nark Office connected the he above-identified applications applied the state of the	Place Customer Number Bar Code Label here	
business in the United States Patent and Tradem Please change the correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number OR Primm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor.	state	Place Customer Number Bar Code Label here	
Please change the correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number OR Prim or Individual Name Address City Country Telephone I am the: Assignee of record of the entire interest. See the support of the control of the	See 37 CFR 3.71.	Place Customer Number Bar Code Label here	
Please change the correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number OR Prim or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. Sitatement under 37 CFR 3.73(b) is enclosed.	See 37 CFR 3.71. sed. (Form PTO/SB/96).	Place Customer Number Bar Code Label here	
Please change the correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number OR Prim or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. Sitatement under 37 CFR 3.73(b) is enclosed.	See 37 CFR 3.71.	Place Customer Number Bar Code Label here	
Please change the correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number OR Prim or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. Sitatement under 37 CFR 3.73(b) is enclosed.	See 37 CFR 3.71. sed. (Form PTO/SB/96).	Place Customer Number Bar Code Label here	
Please change the Correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number OR Prim or Individual Name Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. Signature of Applications and Signature of Applications.	See 37 CFR 3.71. sed. (Form PTO/SB/96).	Place Customer Number Bar Code Label here	

Burden Hour Statement: This form le estimated to take 3 minutes to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

forms if more than one signature is required, see below*.

forms are submitted.

O *Total of